

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 3-19-01.
 - b. The request was received on 3-12-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-1-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-2-02. The response from the insurance carrier was received in the Division on 8-16-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 1-7-02:

"We are disputing payment for Date of Service 3/19/01. This patient has been receiving Ilizarov Supplies from us for his External Fixator. These supplies include: sponges, bactroban, sterile swabs and clips to hold the sponges in place...These supplies have been reimbursed by TWCC in full in the past. We have not raised our prices on these items for some time. These items are necessary for the patient to have in order to prevent infection to the pin sites of the fixator."

2. Respondent: Letter dated 8-16-02:
 “Carrier believes the appropriate amounts have been paid. Attached as Exhibit A is the explanation from Carrier’s URA, ..., regarding the rationale for the payments made. All the EOBs on this item are also attached. Carrier stands by the payment recommended by (Audit Company). Requestor has failed to prove the amount charged and requested is in compliance with TEXAS LABOR CODE Section 413.011.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 3-19-01.
2. The carrier denied the billed services as reflected on the EOBs as, “S – SUPPLEMENTAL PAYMENT”; “C – NEGOTIATED AMOUNT”; “M – NO MAR, REDUCED TO FAIR & REASONABLE SUGGEST SUPPLY HOUSE INVOICE FOR ADDITIONAL RECOMMENDATION”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS | REFERENCE | RATIONALE: |
|---------------|---------------------|----------|----------|--------------------|------|--------------------------------|---|
| 3-19-01 | 99070 | \$487.50 | \$270.00 | C,M,S | DOP | TWCC Rule 133.307 (j) | <p>TWCC Rule 133.307 (j) (1) (G) states, “Prior to submission, any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute, must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual. Unredacted information or evidence shall not be considered in resolving the medical fee dispute.”</p> <p>Pursuant to Rule 133.307 (g) (3) (D), the requestor must provide documentation that discusses, demonstrates and justifies the payment request. As the submitted evidence could not be reviewed, the provider has failed to support the billed amount was fair and reasonable.</p> <p>Therefore, no additional reimbursement was recommended.</p> |
| 3-19-01 | 99070 | \$ 27.00 | \$220.50 | C,M,S | DOP | (1) (G); | |
| 3-19-01 | 99070 | \$375.00 | \$ 87.75 | C,M,S | DOP | TWCC Rule 133.307 | |
| 3-19-01 | 99070 | \$ 97.50 | \$ 24.30 | C,M,S | DOP | (g) (3) (D); CPT Descriptor | |
| Totals | | \$987.00 | \$602.55 | | | | The Requestor is not entitled to additional reimbursement. |

MDR: M4-02-4065-01

The above Findings and Decision are hereby issued this 6th day of February 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll